

PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM

**LIMITED LIABILITY
COMPANY
REINSTATEMENT**



FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

FILED

2016 OCT -7 AM 8:29

SECRETARY OF STATE
TALLAHASSEE, FL 32399

DOCUMENT # L15000077788

1. Limited Liability Company's Name

AHMAD AL-SELWADI LLC

2. Principal Office Address - No P.O. Box #

947 MASSACHUSETTS AVE

Suite, Apt. #, etc.

City & State

PENSACOLA, FL

Zip

32505

Country

USA

3. Mailing Office Address

SAME

Suite, Apt. #, etc.

City & State

Zip

Country

CR2E041 (1/14)

4. State/Country of Formation

FLORIDA

5. Date Organized or Qualified
To Do Business in Florida

5/01/2015

6. FEI Number

47-3891345

Applied For

Not Applicable

7. CERTIFICATE OF STATUS DESIRED ☐

\$5.00 Additional Fee required
for a certificate of status

8. Name and Address of Current Registered Agent

Name

CHRISTINE M WRIGHT

Street Address (P.O. Box Number is Not Acceptable) Suite,

330 GARFIELD DR

Apt. #, Etc.

City

PENSACOLA

State

FL

Zip Code

32505

200291036352
10/07/16--01024--019 **238.75

9. I, being appointed the registered agent of the above named limited liability company, am familiar with and accept the obligations of Chapter 605, F.S.

Signature of
Registered Agent

REGISTERED AGENT MUST SIGN

Date

10/3/16

10. Names and Street Addresses of Authorized Representatives/Managers

Titles	Name of Authorized Representative/ Manager	Street Address of Each Authorized Representative/ Manager	City / State / Zip
MGR	AHMAD AL-SELWADI	4581 TRADEWINDS DR	PENSACOLA, FL 32514

OCT 07 2016

R. HUNT

REINSTATEMENT

11. E-mail Address: marwan7oby@yahoo.com

(To be used for future annual report notifications)

12. I certify that I am an authorized representative/ manager or the receiver or trustee empowered to execute this application as provided for in Chapter 605, F.S. I further certify that when filing this reinstatement application the reason for dissolution has been eliminated, the limited liability company name satisfies the requirement of section 605.0012, F.S., and that all fees owed by the limited liability company have been paid. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s. 817.155, F.S.

Signature of authorized representative/member

Typed or printed name of signing authorized representative/member

AHMAD AL-SELWADI

10/3/16

Daytime Phone # 850-485-0466